

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION  
USING AN APPLICATION DATA SHEET (37 CFR 1.76)**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☒ The attached application, entitled "Cyclic Derivatives as Modulators of Chemokine Receptor Activity", (attorney docket number PH-7269), or
- ☐ Application No. \_\_\_\_\_, filed on \_\_\_\_\_,
- ☐ as amended on \_\_\_\_\_ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

**FULL NAME OF INVENTOR(S)**

Inventor one: Robert Cherney, 104 Bridleshire Court, Newark, DE 19711

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Citizen of: US

Inventor two: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Citizen of: \_\_\_\_\_

Inventor three: \_\_\_\_\_

Signature: \_\_\_\_\_ Citizen of: \_\_\_\_\_

Inventor four: \_\_\_\_\_

Signature: \_\_\_\_\_ Citizen of: \_\_\_\_\_

☐ Additional inventors are being named on additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/81 (10-00)

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

<b>Application Number</b>	<b>Unknown</b>
<b>Filing Date</b>	<b>December 20, 2001</b>
<b>First Named Inventor</b>	<b>Robert Cherney</b>
<b>Group Art Unit</b>	<b>Unknown</b>
<b>Examiner Name</b>	<b>Unknown</b>
<b>Attorney Docket Number</b>	<b>PH-7269</b>

I hereby appoint:

☒ Practitioners at Customer Number 24348

OR

☐ Practitioner(s) named below:

**\*24348\***  
**24348**

PATENT TRADEMARK OFFICE

Name	Registration Number
Blair Q. Ferguson	34,329
Scott K. Larsen	38,532
Mary K. VanAtten	39,408
Peter L. Dolan (Agent)	46,307
Jing S. Belfield (Agent)	45,914

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

Name Robert Cherney, 104 Bridleshire Court, Newark, DE 19711

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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